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AUTHOR Stafford, Beth G.; And Others
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ABSTRACT

One of four volumes devoted to the CARE (Children's Agencies, Resources, Etc.) Linkages Project in Tennessee, this report describes the development of eight county CARE committees. The goal of the project was to foster collaboration leading to more effective linkages between publicly funded child care and development programs and other service providers. Four inservice training sessions were provided by the state and local CARE coordinators for district program coordinators. These sessions focused on creating, staffing, and documenting the activities of local CARE committees. As a result of the sessions, lists of suggested local CARE committee members were developed. These differed according to geographical area but in general included professionals from public and private preschools and day care centers, health and environmental agencies, the local school system, the Department of Human Services, and local councils and volunteer groups. Sessions also generated agenda to follow at the first CARE committee meeting and clarified the role district coordinators should play. Numerous appendices include training materials, documents created for committee record keeping, and a summary of committee activities in each of eight counties. (CB)

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The Creation and Activities of Local CARE Committees

A Manual on Stimulating Local Collaborative Efforts Relating to Preschool Services

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Written by:

Beth G. Stafford - State Linkages Coordinator

Janet C. Camp - Local Linkages Coordinator

Debra Rog - Evaluation Consultant

for the

CARE Linkages Project

carried out by

the

Tennessee Children's Services Commission

for more information on local CARE Committees, contact:

Janet C. Camp
Tennessee Children's Services Commission
1600 James K. Polk Building
Nashville, TN 37219
615/741-2633

PROJECT STAFF

Project Director (In-kind)	Dr. Karen Edwards
State Linkages Coordinator	Ann Gregory (2/83-11/83)
	Beth Stafford (11/83-9/84)
Local Linkages Coordinator (In-kind)	Janet Camp
District Coordinators	Alma Carter
	Carol Dotson
	Linda Jackson
	Keytha Jones
	Mary McIlwain
	Gloria Reed-Beene
	Margaret Rose
	Elaine Williams
Research Director (In-kind)	Paul Vander Meer
Accountant (In-kind)	Cora Blanco
Office Support Staff (partially In-kind)	Tammy Petty
	Lisa Tinch
	Pearl Webb

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Section I: Overview of the CARE Linkages Project

Background and Project Overview

Young children need security for the present, they need health to grow with, they need skills for the future. Many programs and services are available to respond to the needs or preschool children, particularly those who are handicapped or at risk and/or from low income families. However, even with the variety of programs and services that exist, the comprehensive needs of many preschool children are still not being met. Much of this problem is due to the fact that the need for preschool services far exceeds their availability. For example, a recent study of preschool services for handicapped and high-risk children in Tennessee estimates that preschool programs are available to about one-third of the children who need them. But this problem is also prevalent among preschoolers who are already enrolled in preschool programs. This is due to the fact that many programs do not offer or have access to a comprehensive range of services to meet the individual needs of the children they serve. Professionals and parents have long felt that better coordination and collaboration among and between preschool programs and other service providers is necessary.

In the fall of 1981, the Head Start Bureau of the Administration for Children, Youth and Families issues a request for proposals to develop national research and demonstration projects to increase the collaborative efforts between Head Start and other preschool programs in order to improve the provision of needed health, education, and social services. The CARE Linkages Project proposal submitted by the Tennessee Children's Services Commission was awarded funding as one of these projects.

About the Commission

The Tennessee Children's Services Commission is a state agency created in 1980 by the General Assembly. Its primary purpose is to work with state agencies, child advocacy groups, interested citizens, and other public and private organizations to improve the quality and quantity of services available to children in Tennessee. The Commission is actively involved in improving the coordination of services among state departments, developing uniform standards for services to children, collecting data and statistics, and keeping programs and citizens better informed about children's issues. Currently, TCSC has a small, central staff and eight district coordinators located throughout the state. A nine-member board of commissioners advises and oversees staff activities.

Major ongoing activities of the Commission include following and reporting on state and federal legislation impacting children and families, assisting in the implementation of a statewide foster care review system, staffing regional children's services councils or coalitions, distributing a variety of juvenile justice funds, and supporting the state's Healthy Children Initiative. The CARE Linkages Project was one of four major projects being carried out by TCSC in conjunction with this initiative which has focused the state's attention on addressing the needs of babies and preschool children.

Project Description

The CARE (Children's Agencies, Resources, Etc.) Linkages Project was designed to foster collaboration leading to more effective linkages between and among

publically funded child care and development programs and other service providers in order to ensure programs that preschool children served in these programs would receive more of the health, education, and social services that they need. The project involved both development and research aspects.

The CARE Linkages model that was developed centered on the formation of two levels of interagency committees: one at the state level called the Core CARE Committee and eight at the local (county) level referred to simply as CARE Committees. The emphasis of the Core CARE Committee was to promote coordination and collaboration among statewide agencies serving preschool children, to respond to problems identified by the CARE Committees, and to serve as an advisory body to the project. The emphasis at the local level was facilitating collaboration and developing linkages among local agencies and individuals serving preschool children such as preschool program directors, health care providers, and social workers. These CARE Committees met approximately monthly for nine months working on solutions to commonly identified needs. A literature review and telephone survey were conducted early in the project so that model development could benefit from as well as complement other collaborative projects.

The CARE Linkages Project was intentionally designed with a strong research component so that it would be clear as to what the results of the project had been and also what factors and conditions encourage and discourage agencies from working together. The results that were obtained from implementation of this model were measured in two ways. First, prior to establishing any of the local CARE Committees and again at the end of the project, an extensive survey was administered to preschool program directors in the eight intervention counties. Preschool directors in eight other closely matched counties where no CARE Committees were formed were also administered the same before and after surveys. The survey covered such areas as attitudes toward collaboration, the effects of collaboration on program staff and the number and types of linkages that exist between programs. A total of 120 preschool program directors participated in these lengthy surveys. A second measure of impact was documenting the actual events that occurred in counties as a result of CARE Committee activities. Based on the literature review and telephone survey, the CARE Linkages Project is apparently the first to include a systematic evaluation of collaboration efforts and their impact.

Results of the CARE Linkages Project indicate that the interagency committee is an effective model for bringing about collaboration and that it appears to work well in a variety of geographic settings. Survey results indicated an initially high and continued interest in collaboration among project directors. Survey responses did not indicate substantial changes between the intervention counties and a group of comparison counties on attitudes toward collaboration. However, the Local CARE Committees did appear to go through a similar process over time that resulted in a high degree of collaboration and a small but significant number of linkages occurring in each of the intervention counties.

The procedures which were used in this project to initiate local interagency committees and to encourage and support collaboration efforts were very successful. This manual describes these successful procedures. Section I highlights the preparation that was done prior to creating the local CARE Committees, including a staff training module. Section II focuses on the actual formation, activities, and results of these committees.

Definitions of Key Terms

The terms collaboration, coordination, cooperation, and linkages are used, often interchangeably, by many professionals, service providers, parents, and advocates in reference to improving the delivery of comprehensive services to preschool children. While similar in nature, distinctions in the meanings of these terms can and ought to be made. For the purposes of this report, these terms are defined as follows:

Cooperation is a more informal process of organizations working together to meet goals. For example, the Local Education Agency requests statistical reports be completed by preschool programs to assist in planning. Preschool program directors agree to complete the statistical reports so that children they serve with special needs will have an appropriate program when they reach school age.

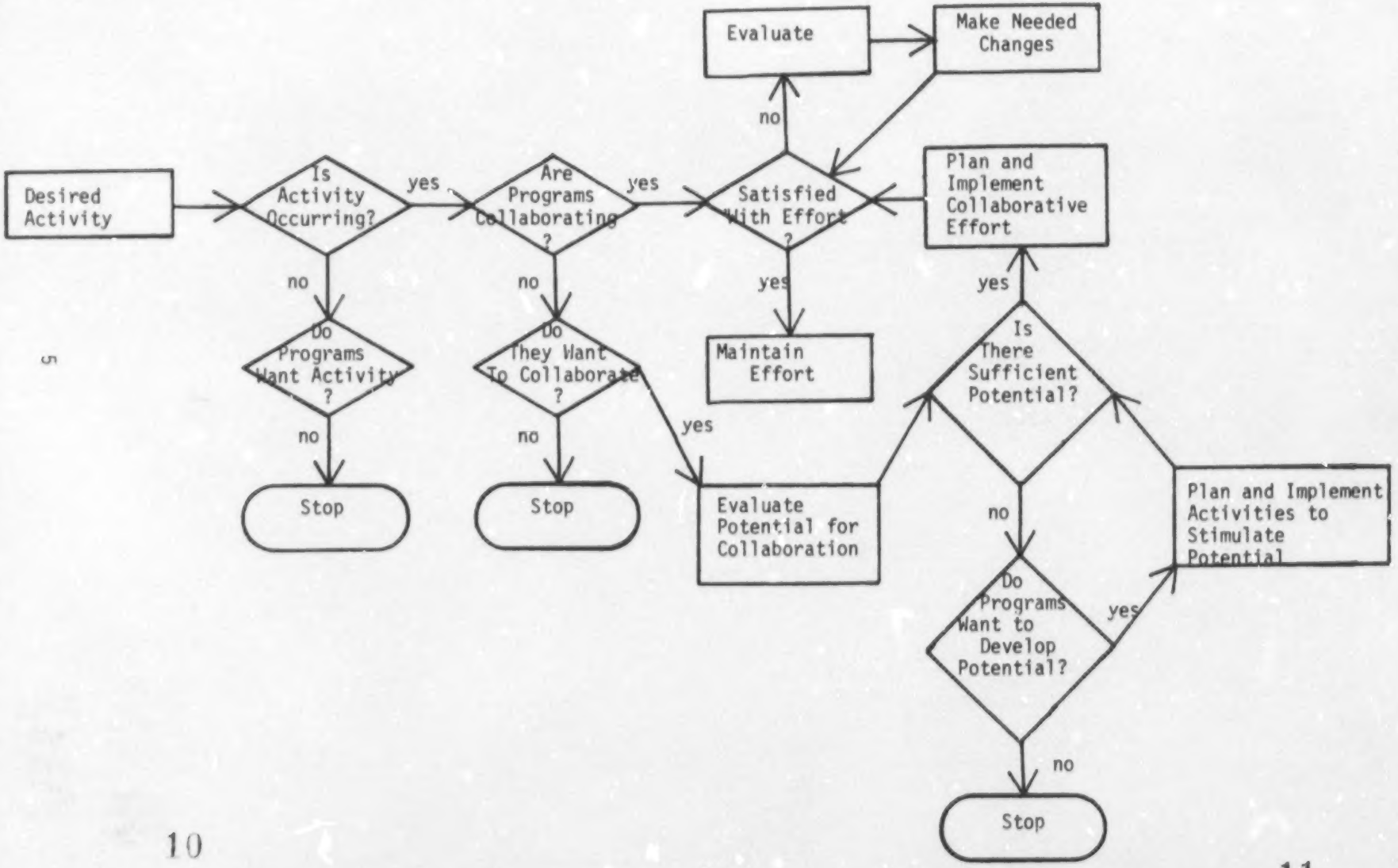
Coordination is defined as a formalized process of adjustment and/or utilization of resources (Black and Kase, 1982). For example, the Local Education Agency writes an interagency agreement with a private agency serving multi-handicapped children to serve school age deaf-blind and orthopedically handicapped children of the district.

Collaboration is viewed as a more intensive, planned effort by organizations resulting in a productive meeting of agencies or a point of mutual concern and commitment. Collaboration refers to the process that organizations go through to reach some mutually positive result. For example, several preschool program directors become concerned about the limited early identification and screening being done. The directors contact other preschool directors and service providers to meet about their concerns. The group organizes several screenings in the area and decide to meet regularly to discuss other concerns and sponsor annual screenings.

Thus, the concepts of cooperation, coordination, and collaboration can be viewed as an increasingly involved and potentially beneficial continuum as far as meeting the individual needs of children in preschool programs.

Linkages are the formal or informal arrangements between agencies to achieve common goals by working together. In other words, linkages are the outcomes of the processes of coordination and collaboration. For example, two agencies have recognized inservice training for working with handicapped preschoolers as a need. They have identified appropriate sources of training and have agreed to conduct joint annual inservice training.

THE PROCESS OF COLLABORATION



Section II: Preparations for Creating the Local CARE Committees

The key staff of the CARE Linkages Project consisted of the State Linkages Coordinator who was responsible for staffing the Core CARE Committee, completing written articles, reports, and products for the project, and making presentations on the project; eight district coordinators whose responsibilities included recruiting members and setting up local CARE Committees, providing staff support to the CARE Committees, conducting pre and post test interviews, and reporting to the Core CARE Committee on the local committee's activities; and, the Local Linkage Coordinator who supervised the district coordinators.

A significant amount of time was spent preparing staff to implement this project. This was done primarily so that staff would have a clearer understanding of the project, the concepts involved and their own expectations. It was also done so that implementation of the model would be as consistent across the eight treatment counties as possible so that differences that occurred on the survey results and/or on the documented process and outcomes of the committees would not be due to differences in the way district coordinators implemented the model.

Prior to the formation of the eight local CARE Committees, four training sessions were provided by the state and local linkages coordinators for the district coordinators. These sessions focused on creating, staffing, and documenting the activities of the local CARE Committees. A training module was developed and presented to district coordinators over several days which: focused on conceptualization of the CARE Linkages Project; existing knowledge pertaining to collaboration; the importance of assessing project results; who to include on the committees; how to invite their participation; planning and conducting the initial meeting; factors that enhance or inhibit collaboration; and, the role of the district coordinators in relation to the committees.

As a result of these inservice sessions, lists of suggested local CARE Committee members were developed based on the geographic/population characteristics of the county.

These inservice sessions also generated a single suggested agenda to follow at the first CARE Committee meeting and clarified the role that district coordinators should play.

First Training Session

The first training session offered by the state and local linkages coordinators focused on selecting and recruiting participants for the Local CARE Committee. The state and local linkages coordinators developed some general criteria on who to contact and how to identify and recruit committee members. They also developed a series of steps to selecting and recruiting committee participants.

During this session, project staff discussed at length the membership composition of the Local CARE Committees. Important factors considered were differences between rural and urban areas. The staff actually ended up with two suggested composition lists. The suggested composition for these two areas were as follows:

Suggested Rural and Appalachian Committee Members

1. Public preschool programs (Title XX, DD, MHMR, PIG, CHAD, university) directors.
2. Private, not-for-profit day care programs--directors.
3. Private, for profit day care programs--directors (if needed or if interested).
4. Head Start--director/social services coordinator.
5. Department of Human Services--
   a. licensing counselor--regional office
   b. director or designee of county office.
6. Health and Environment--nurse/CHAD rep./health promotion coordinator/ nutritionist/extension agent.
7. Local school system(s)--K supervisor or board designee for each school system (county, city) in the county.
8. Mental Health Center--C & Y Director.
9. Private medical provider.
10. Local related agencies and organizations (if needed)--
    a. interagency councils
    b. civic/volunteer groups
    c. local AYC, PTA
    d. business/industry.

Suggested Urban and New Urban

1. Public preschool programs (all persons interviewed to include Title XX, DD, MHMR, PIG)--directors.
2. Private, not-for-profit day care programs (if interested)--directors.

3. Head Start--director/social services coordinator.

4. Department of Human Services--
   a. licensing counselor
   b. social services supervisor/department designee

5. Health and Environment--Director of Nursing.

6. Local school system(s)--director(s) of Preschool Program or K supervisors.

7. Mental Health Centers--Outreach Program director of designee.

8. Private medical provider--pediatrician, dentist, speech therapist, and OT or PT therapist, if applicable.

9. Related agencies and organizations--AYC representation.

In order to get these types of people to participate, a series of steps were identified for district coordinators to follow.

Steps to Selecting and Recruiting Participants for Local CARE Committees

Step 1: Recontact Interview Respondents

In each of the eight selected intervention counties, a Local CARE Committee will be formed to discuss the needs for improved preschool services and the possible strategies to meet these needs. The district coordinator responsible for each of the counties will recontact the program directors who responded to the baseline interview to inform them that their county has been selected as an intervention site and to request their participation on the committee.

Step 2: Identify Additional Committee Members

In addition to preschool program directors, committee membership should include decision-makers from other service delivery agencies providing services to preschool children and representatives from other stakeholding organizations. These individuals will be identified through direct contact with the agencies as well as through the "snowballing" method of identifying relevant individuals (i.e., program directors will be asked to offer names of other individuals in the county whom they feel would be appropriate committee members).

Among the organizations and groups that are expected to be represented are:

1. the county office of the Department of Human Services
2. local health clinic(s)
3. local mental health clinic(s)
4. local public school system(s)
5. parent group(s)
6. volunteer/civic organizations
7. church organization(s)
8. business/industry
9. private health care community

Step 3: Recruit Additional Committee Members

Each of the individuals identified will be contacted by the district coordinator either in person or by telephone. The individual will be presented with an explanation of the project in a format similar to that of the Initial Contact to Interview Respondents and will be provided with a written explanation of the project if desired.

Second Training Session

During the second training session, the state and local linkages coordinators along with the district coordinators began to plan for the initial meeting of the local committees. A checklist for planning and conducting the initial meeting was reviewed. Techniques for enhancing group interaction and decision making were discussed. A suggested agenda for the first meeting was also developed.

The checklist created for use by the district coordinators (see Appendix A) was reviewed first. After reviewing this checklist and clarifying any questions or concerns, the state and local linkages coordinators provided some general tips for conducting the meeting; the role of the district coordinator as group leader; the agenda including activities and handouts for each agenda item and, finally, the nominal group procedure was reviewed.

The handout on tips for conducting the initial meeting (see Appendix B) included suggestions for arranging the room, setting the tone of the meeting, as well as the importance of having and communicating a clear understanding of collaboration and both the research and intervention components of the project.

The handout on the role of the district coordinators (see Appendix C) presented specific activities and tasks to be done as well as several warning signs of problems within the group or with the leadership.

The state and local linkages coordinators then made some suggestions about the agneda for the initial meeting (see Appendix D). The district coordinators used these suggestions to develop a common agenda for the initial meeting. The first item was the welcome and an explanation of the district coordinators' role and the agency's role. The second item was a getting acquainted exercise, an example was given as a handout, but staff were encouraged to use an exercise (see Appendix E) of their choice.

The benefits of collaboration were to be discussed by both the district coordinators and the state linkages coordinator. During the training session, discussion of the benefits of collaboration included defining collaboration and giving examples (see Appendixes F & G).

The next item on the agenda was to present the needs assessment information for each county. This information was gathered as a part of the survey of preschool directors in the sixteen project counties. The committees were expected to use this as a starting place to select areas or activities on which they wished to collaborate. Then, the areas and activities identified were to be prioritized by the committees using the nominal group procedure. Selecting a committee chair and setting up the next meeting were the final agenda items.

The district coordinators decided that it would be most appropriate for the state linkages coordinator to be present at the first meetings and to discuss the purpose and overview of the project as well as the needs assessment results.

The last part of this training session was a review of the nominal group procedure which included a handout describing the procedure and using the technique to prioritize examples of collaborative activities (Appendix H).

A

A Checklist for Planning and Conducting the First Local CARE Committee Meeting

1. Contact potential committee members and solicit committee participation.

   ___1.1 Recontact interview respondents in the eight intervention sits by phone or in person.

   ___1.2 Contact other identified decision makers and relevant potential participants by phone or in person.

   ___1.3 Follow up with written invitations to all potential committee members, providing them with a brief description of the meeting's purpose and specifics on the meeting time and place.

2. Select meeting time and place.

   ___2.1 Discuss possible times with potential committee members during telephone or personal contacts.

   ___2.2 Draw up a chart of possible times, highlighting the days and times that are most convenient for the majority of potential participants.

   ___2.3 Check on schedules of available meeting places.

      ___2.3.1 Check for facilities that are on neutral territory (i.e., not affiliated with any of the organizations represented on the committee).

      ___2.3.2 Check for facilities that offer conference space free of charge or at a low cost (e.g., banks, community centers, etc.).

      ___2.3.3 Check for facilities that are centrally located and/or within a reasonable distance of all invited participants.

      ___2.3.4 Check for facilities that offer well-ventilated, bright meeting rooms equipped with tables, chairs, and if possible, chalkboards.

   ___2.4 Select the best possible meeting place that matches the most convenient time for the majority of the participants.

3. Plan initial Local CARE Committee Meeting.

   ___3.1 Review relevant literature on interagency collaboration provided by Acting Local Linkages Coordinator and State Linkages Coordinator.

   ___3.2 Meet with Acting Local Linkages Coordinator and the State Linkages Coordinator.

      ___3.2.1 Review and discuss specific findings of needs assessment and global district findings on baseline evaluation

measures (i.e., attitudes, perceptions, barriers).

___3.2.2 Discuss strategies for dealing with specific problems or issues identified through the baseline instrument.

___3.2.3 Discuss development of the first meeting's agenda.

___3.3 Develop an agenda reflecting identified needs and attending to the composition of the committee.

4. Conduct the Initial Meeting.

___4.1 Clarify purpose of the committee.

___4.1.1 Introduce members of the committee.

___4.1.2 Conduct a get-acquainted exercise.

___4.1.3 Explain the role of TCSC and the purpose of the CARE Linkages Project.

___4.1.4 Define collaboration, and its advantages and disadvantages.

___4.1.5 Identify the common problems that can be minimized through working cooperatively.

___4.2 Review results of the needs assessment.

___4.2.1 Present charts of services for children offered and needed within the state.

___4.2.2 Discuss some of the current linkages in operation.

___4.3 Discuss initiation and development of other collaborative efforts.

___4.3.1 Discuss other types of linkages and cooperative efforts that may be useful in improving services to children.

___4.3.2 Relate some of the successful practices experienced in other interagency projects.

___4.4 Prepare second meeting agenda.

___4.4.1 Discuss the direction the committee should take.

___4.4.2 Compile list of topics for second meeting.

Tips for Conducting Initial Meeting

1. Arrange chairs and tables in a U-shaped manner so each participant can see all others in the group.

2. Set the tone of the meeting by providing a warm welcome to all participants and by stressing the importance of the committee's role in this project.

3. Emphasize your own belief and confidence in collaboration as an effective and efficient approach to meet the needs of preschool children.

4. Be prepared to repeat the purpose of the project and the reasons why the service providers present have been selected.

5. Be prepared to explain the research and evaluation aspects of the project. Assure those who have been previously interviewed that you have been provided with information on individual programs only with respect to services and activities offered and desired.

6. Be flexible--if the committee appears to be interacting well, allow the meeting to evolve (at least initially) from their concerns. If, however, a few individuals appear to be dominating the discussion, you may want to moderate the discussion and attempt to elicit comments from more reticent individuals. In addition, the results of the needs assessment may help to structure the discussion and keep the participants on task.

C

Role of District Coordinator as Group Leader

Main Function: To insure that the tasks necessary to plan and carry out goals of local CARE Committees are accomplished.

District Coordinators/Group Leaders help groups to:

1) further define their purpose
2) guide the planning process
3) facilitate productivity and creative interaction of the group
4) promote activities consistent with committee goals
5) clarify assignments and responsibilities
6) support action and change as needed

District Coordinators/Group Leaders should also be responsible for:

1) locating a meeting site(s)
2) scheduling meetings and notifying committee members of time, date, and place
3) developing agendas and mailing them to committee members prior to meeting
4) taking minutes of meetings
5) sending completed minutes to committee members
6) providing supplies and materials needed for meetings

Groups with more democratic leadership tend to show more initiative as well as more ability to function without leader present.

Continuum of Use of Authority by
Group Leader on Decision Making Process

LEADER						MEMBER
CENTERED	--- TELLS ---	SELLS ---	TESTS ---	CONSULTS ---	JOINS ---	CENTERED

There are several RED FLAGS that will indicate if the leadership of the committee has become a problem:

1) The leadership of the committee is overwhelming to most group members.
2) There is an unwillingness on the part of committee members to assume leadership.
3) Group members are unable to confront the leader or resolve the issue of absence of leadership.

Magrab, Phyllis; Elder, Jerry; Kazuk, Ellie; Pelosi, John; and Wiegerink, Ronald, Developing a Community Team, American Association of University Affiliated Programs, U.S. Government Printing Office, 1982, p. 26-27.

AGENDA
For the Initial CARE Committee Meeting

Welcome and Discussion of Agency Role

Getting Acquainted Exercise

Purpose of Meeting

Potential Benefits of Collaboration

Where to Go From Here:

1. Needs Assessment Information
2. Brainstorming New Areas of Collaboration

Organization of the Continuing Committee

EXAMPLE
Get-Acquainted Exercise

This is an example of a get-acquainted exercise to be used following the welcome. The idea is to go around the room asking each individual to address him/herself to the items listed below:

DURING THE TIME WE ARE SHARING WHO WE ARE, PLEASE BRIEFLY INCLUDE INFORMATION LISTED BELOW:

1. SOMETHING ABOUT YOURSELF.
2. YOUR CONNECTION (AGENCY, PROGRAM, OR INDIVIDUAL) WITH PRE-SCHOOL HANDICAPPED CHILDREN AND/OR THEIR NEEDS.
3. A ONE-LINER ON YOUR GROUPS'S PRIMARY PURPOSE OR MANDATE.
4. WHAT FEDERAL, STATE, OR OTHER FUNDING SOURCE OR CONNECTION YOUR GROUP CURRENTLY HAS.

Magrab, Phyllis; Elder, Jerry; Kazuk, Ellie; Pelosi, John; and Wiergerink, Ronald, Developing a Community Team, American Association of University Affiliated Programs, U.S. Government Printing Office, 1982, p. 9.

SAMPLE
Handout on Benefits of Collaboration

This is a sample of a handout for the committees to focus on the benefits of collaboration.

SOME POTENTIAL BENEFITS ARE:

- BETTER NEEDS ASSESSMENT INFORMATION FOR PROGRAM PLANNING
- MORE EFFECTIVE AGENCY USE (MORE APPROPRIATE REFERRALS).
- GREATER AWARENESS OF WHAT OTHER AGENCIES CAN DO.
- EARLIER DIAGNOSIS OF CHILDREN WHICH WILL HELP YOU IN RECRUITING CHILDREN FOR PROGRAMS.
- OPPORTUNITY FOR CREATIVE COMMUNITY PLANNING.
- EXTENDING THE LIMITED HUMAN SERVICE RESOURCES.

Magrab, Phyllis; Elder, Jerry; Kazuk, Ellie; Pelosi, John; and Wiegerink, Ronald, Developing a Community Team, American Association of University Affiliated Programs, U.S. Government Printing Office, 1982, p. 10.

EXAMPLE

Benefits/Problems Positive/Negative Aspects of Collaboration

This is another example of a handout to present both the benefits or positive aspects of collaboration as well as the problems or negative aspects.

STATEMENTS OF POSITIVES AND NEGATIVES
OF INTERAGENCY COORDINATION

POSITIVES	NEGATIVES
* Cost efficient	* Can be time consuming
* Helps promote comprehensive services	* Can be frustrating and provoke anxiety
* Lessens or eliminates duplication of services	* Can create bureaucratic hassles
* Allows for better tracking system	* Can create political problems
* Broadens and improves communication	* Makes visible agency limitations
* Enhances effective use of existing services	* Can be hard to work around different mandates
* Fosters more appropriate placements	* High personnel turnover makes follow through inconsistent
* Heightens accountability	* Lack of agency control
* Enhances effective use of staff	* Opportunities for miscommunication increase
* Heightens and broadens awareness	* Kids can fall through cracks
* Avoids fragmentation of services	* Can be hard to work within the democratic process
* Allows efficient use of resources	* Difficult to define case management responsibilities
* Enhances mutual support among service providers	* Hard to maintain positive relationships among staff
* Allows agencies to cover larger geographic areas	* Too many people to deal with
* Helps develop a broader advocacy base	* Legitimacy may not be clear
* Encourages monitoring by peers	

BOTH POSITIVES AND NEGATIVES ARE UNDERPINNED
BY THESE CONTINUING QUESTIONS:

* Who should be involved?
* What is the need, climate, and data available for interagency effort?
* How do we organize to plan, implement, and evaluate effort?
* How do we establish realistic expectations--both short and long term?
* What does the literature tell us, and what can we learn from promising practices?
* How do we ensure follow through?

Woodard, M.; Cooper , J.H.; and Trohanis, P.L. (Eds.), Interagency Casebook, Chapel Hill, North Carolina, TADS, 1982, ED 222 009, p. 9.

GUIDE TO SETTING PRIORITIES: NOMINAL GROUP PROCEDURE

Step 1: Silent Generation of Ideas in Writing

A. With groups of give to eight participants, hand out an 8" X 11" sheet of paper with a clear statement of the question or issue pertinent to that particular group typed on top of the sheet.

B. Request each person to individually make a list of responses to the issue typed on the sheet of paper. Request no talking. Let the participants know that their list will be shared with each other

Step 2: Round Robin Recording of Ideas

C. The recorder (person conducting the procedure) lists on a flip chart each person's list of responses, one item at a time per person, round robin until all items from everyone's list is exhausted. Allow duplication, avoid discussion, justifications, etc. Number each item (1, 2, 3... n, n+1). Add ideas which participants think of during the recording process.

Step 3: Serial Discussion

D. The recorder reads each item and opens discussion for clarification and understanding. Items should not be eliminated. Duplications may be grouped (for example, items 3 and 4 may be grouped and treated as one item). Expression of support or opposition to an item is encouraged, but no "arguments" or "debates" are permitted. The goal of this step is clarification and understanding of each item on the list.

Step 4: Vote

E. The recorder hands out five 3 X 5 cards to each participant. Have each person select and write, by name and umber, one item per card, the five (or more) most important items. Once those five are chosen, give the most important item of those five a "5" and circle that number; the next most important item receives a "4", and so on down to the least important item receiving a "1".

F. The recorder prepares a tally sheet on the flip chart as follows:

PRIORITIES

I	II	III	IV	V	VI
Item #	Ranks Assigned to Item	Sum of Ranks	# of Times Item Mentioned	Weighted Sum (III & VI)	Priorities
2	2, 1	3	2	6	3
14	3, 4, 1	8	3	24	2
7, 20	5, 5, 4	14	3	42	1
18	2	2	1	2	6
6	4	4	1	4	4
9	3	3	1	3	5
12	0	0	0	0	--

The recorder asks for the items (column I) and their ranks (column II) from each participant, round robin, one item at a time, starting with the most important item, i.e., that item receiving a rank of "5", and so on until each participant's list of five is exhausted.

The recorder sums the ranks (column II), multiplies that sum by the number of persons giving that item a rank (column IV), and the highest weighted sum (column V) is the top priority, the next highest sum the second from top, etc., (column VI). Example numbers are provided in the above table.

Step 5 & 6: Discussion and Revoting (optional)

Some errors are made due to misunderstanding or misinformation. If after the voting, there is a tremendous disparity in priorities, it may be helpful to discuss the items again and revote.

Magrab, Phyllis; Elder, Jerry; Kazuk, Ellie; Pelosi, John; and Wiergerink, Ronald, Developing a Community Team, American Association of University Affiliated Programs, U.S. Government Printing Office, 1982, p. 20-21.

Third Training Session

The third staff training session was focused on collection of date regarding the field implementation. In order to identify and consistently document the process and outcomes of each of the eight Local CARE Committees, a documentation notebook was prepared by the local linkages coordinator with assistance from the state linkages coordinator for use by each district coordinator. The notebooks contained eight sections with accompanying explanation sheets so each coordinator knew what information to collect and how often to collect it. The eight sections were:

Coordinator Checklist - This section contained a list of what data the coordinators should keep before, during, and after each meeting and what material should be sent to the central office (see Appendix I).

Membership - This section included a form for listing each committee member's name, address, phone number, and reason she/he was included on the committee; an attendance form; a form to indicate persons who declined to participate, special problems encountered in securing desirable numbers, and changes in committee composition during the project (see Appendix J).

Agenda - This section was provided for the coordinator to file meeting agendas.

Minutes, Handouts, Committee Meeting Climate Surveys - This section was provided for the coordinator to file the minutes, handouts, a log of committee projects and committee meeting climate survey form for each meeting. The climate survey was an effort to get a sense of how each committee functioned and changed over time (see Appendix K).

Desirable Linkages - This section included a form for the coordinator to list all the ideas which the committee generated for collaborative effort (see Appendix L).

Barriers - This section included a form for the coordinator to list all barriers or impediments to collaboration which committee members identified during the course of the project (see Appendix M).

Products - This section was provided for the coordinator to file any correspondence, reports, forms, newspaper articles, agreements, etc., which were an outgrowth of collaborative activities (see Appendix N).

Support - This section included forms for the coordinator to log all activities she engaged in related to the maintenance and support of the committees (see Appendix O).

Each of the eight sections was explained and examples of completed forms were provided.

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APPENDIXES I THROUGH O

I

COORDINATOR CHECKLIST

During meeting:

Make sure someone is taking minutes.
Schedule next meeting with an alternate date for bad weather.

Immediately after each meeting:

Collect minutes.
Record attendance, date, place, time, and length.
Complete Committee Meeting Climate Survey.
Record desirable linkages on Inventory of Desirable Linkages form.
Record identified barriers on Inventory of Barriers form. Also, note action taken (i.e., referred to Core CARE Committee or action taken locally).
Log committee projects/focuses.
File handouts.
Send copy of Inventory of Barriers to State Linkages Coordinator.

Within two weeks following each meeting:

Meet with committee chairperson and/or steering committee to plan for next meeting.
Develop tentative agenda.
Have minutes typed.
Send memo reminding members of next meeting, tentative agenda, and minutes of last meeting to committee members and State Linkages Coordinator.

Immediately before each meeting:

*Log your support activities since last meeting.
Finalize agenda.

As appropriate:

File committee products.

*A copy of your Log of Support Activities may be attached to your monthly report as a substitute for completing the Linkages Section of the report.

COUNTY_____

CARE COMMITTEE MEMBERS

NAME AND POSITION	ADDRESS AND PHONE	REASONS(S) ASKED TO PARTICIPATE (Program, agency, discipline representation(s))

COUNTY _____

Local CARE Committee Attendance Record

MEMBERS/GUESTS Jb	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH	PLACE DATE TIME LENGTH
												32
31												32

COUNTY _____

PERSONS WHO DECLINED TO PARTICIPATE

NAME AND POSITION	REASON INVITED	REASON FOR DECLINING

33

33

34

JC

SPECIAL PROBLEMS ENCOUNTERED IN SECURING DESIRED MEMBERS:

CHANGES IN COMMITTEE COMPOSITION DURING PROJECT:

COMMITTEE MEETING MINUTES, HANDOUTS, AND

COMMITTEE CLIMATE SURVEYS

(Filed Chronologically)

MEETING
MINUTES

Definition: A narrative of the committee meeting; a public record of who, what, where, and when (and to a lesser degree, why and how).

Helpful Hints:

- record events/actions chronologically;
- record just the heart of conversations--not everything that's said;
- if elaboration is needed, use separate page or form in manual;
- put down all names, dates, figures, and facts;
- avoid value judgment;
- record all motions passed, action taken, and recommendations made;
- give a clear picture of what was accomplished at the meeting--not of the personalities involved.

Kc

Meeting No._____ COUNTY_____

Meeting Date_____

COMMITTEE MEETING CLIMATE SURVEY

1. Willingness to accept task responsibility:

   Of _____ persons assigned committee tasks for this meeting, _____ persons completed tasks.

   COMMENTS:_____

   _____

2. Source of meeting leadership:

   Coordinator_____ Elected Chairperson_____

   Appointed Chairperson_____ Substitute Chairperson_____

   COMMENTS:_____

   _____

3. Style of Leadership:

Committee ignores Coordinator		Committee Includes Coordinator as just another member		Committee partially dependent on Coordinator to lead		Committee totally dependent on Coordinator to lead
1	2	3	4	5	6	7

   COMMENTS:_____

   _____

4. Number of persons who participated:

Few		Some		Many		All
1	2	3	4	5	6	7

   COMMENTS:_____

   _____

5. Number of members who generated ideas:

Few		Some		Many		All
1	2	3	4	5	6	7

COMMENTS: _____

_____

6. Number of members willing to work together:

Few		Some		Many		All
1	2	3	4	5	6	7

COMMENTS: _____

_____

7. Attitude toward working together:

Very Negative		Slightly Negative		Slightly Positive		Very Positive
1	2	3	4	5	6	7

COMMENTS: _____

_____

8. Ease in agreeing on Committee focus:

Never Agree		Sometimes Agree				Always Agree	
1	2	3	4	5	6	7	N/A

COMMENTS: _____

_____

9. Degree of reality-based planning by the Committee:

Totally Unrealistic		Moderately Realistic				Totally Realistic	
1	2	3	4	5	6	7	N/A

COMMENTS: _____

_____

10. Additional comments on meeting climate: _____

_____

_____

_____

(use back if needed)

Kd

COUNTY_____

LOG OF COMMITTEE PROJECTS/FOCUS

DATE(S) ADDRESSED	PROJECTS/ACTIVITIES/FOCUS

L

COUNTY_____

INVENTORY OF DESIRABLE LINKAGES

DATE IDENTIFIED	DESIRABLE LINKAGES

M

COUNTY _____

INVENTORY OF BARRIERS

DATE IDENTIFIED	LINKAGE BARRIERS	ACTION TAKEN	
		DATE REPORTED TO CORE CARE	DATE COMMITTEE TOOK ACTION

N

COMMITTEE PRODUCTS

(File of Correspondence, Summaries,
Reports, Written Agreements, etc.
in chronological order)

COUNTY_____

LOG OF COORDINATOR SUPPORT ACTIVITIES

BETWEEN

CARE COMMITTEE MEETINGS

DATE	ACTIVITIES

Fourth Training Session

The fourth and final staff training session focused on reviewing various procedures as well as group dynamics and communication principles which affect the success of interagency meetings. These were broken down into what to do before a meeting, what to do during a meeting, and what to do after a meeting.

A. Before the meeting

1. Handle logistics--place, time (4-6 weeks in advance).
2. Set agenda.
3. Identify participants (a) interested people; (b) vested interested persons; and, (c) opponents.
4. Secure commitment.
5. Determine speaker responsibilities.
6. Get support (from higher-ups to assure commitment from participants).
7. Coordinate with Chair--clear role definitions.
8. Get participants' input to purpose--become aware of individual agendas (assist group to come to consensus on the purpose of the meeting).
9. Define specific goals for the meeting.
10. Send out materials in advance.
11. Invite participants--who should do the inviting?
12. Select neutral territory for the meeting.

B. Convening the meeting

Facilitator must assure that the group functions by looking at--

1. Content vs. process.
2. Communication.
3. Task and maintenance functions.
4. Decision making procedures.
5. Factors facilitating "good" decisions.

1. Content vs. Process

Content: Observe what the group is talking about.

Process: Observe how the group is functioning.

Content should be balanced with process.

Content topics can tell us procedural needs of the group.

Reactions to meetings are process indicators.

2. Communication

   a. Who talks? For how long? How often?

   b. Who do people look at when they talk and after? (where the authority rests)

   c. Who talks after whom? (indicating either antagonistic or positive relationships)

   d. What style of communication is used? (authoritarian or concensus)

   e. Who is talking to whom? (everyone's ideas need to be included)

   f. Watch for body language.

3. Task and Maintenance Functions

   a. Task persons are content oriented--more concerned about agenda and information to be covered.

   b. Maintenance person takes "care" of the group.

   c. Individually oriented functions may indicate:

      --problem of identity with the group;
      --problem with goals and needs of group;
      --problem of power, control, influence.

4. Decision Making Procedure

   a. Plop - rubber stamp approval

   b. Self-authorized agenda

   c. The hand clasp

   d. Does anyone object?--OK, we all agree

   e. Majority/minority voting

   f. Polling

   g. Consensus testing

   Facilitate the making of collective decisions.

5. Factors Which Facilitate "Good" Decisions

   a. Clear definition of problem

   b. Responsibility for decision making at the most appropriate level

c. Effective communication --so that the maximum number of effective solutions are suggested

d. Commitment

e. Taking into account others' interests

f. Potential outcomes of decisions

C. After the Meeting

Bridging the gaps--

1. Recap accomplishments

2. Determine next step

3. Continue maintenance activities--reinforce positives

4. Deliver resources

5. Assignments reviewed

6 Obtain feedback on how meeting went for planning next meeting

Specific emphasis was placed on task, maintenance, and individually oriented functions.

Task functions refers to the behaviors necessary for the group to complete its task or tasks. Maintenance functions are those behaviors which keep a group working together effectively; examples of these functions include relationships and the use of member resources. Individually-oriented functions refer to those behaviors which meet the personal goals of an individual without regard for the group's task (see Appendixes P, Q, R). A great deal of information for this session was obtained from notes and handouts by Beverly Osteen of the National Association for State Directors of Special Education at a session called "Interagency Coordination and Group Dynamics" presented during the October 14, 1983 Orientation Workshop for New State Implementation Grant Projects held at Pentagon City in Alexandria, Virginia.

Task Functions

Types of behavior relevant to the group's fulfillment of its tests.

1. Initiating-Contributing: Suggests or proposes to the group new ideas of a changed way of regarding the group problem or goal.

2. Information Seeking: Ask for clarification or suggestions for authoritative information and facts pertinent to the problem discussed.

3. Opinion Seeking: Asks not primarily for the facts of the case but for a clarification of the values pertinent to what the group is doing.

4. Information Giving: Offers facts or generalizations which are the authoritative views or relates his experience to the group problem.

5. Opinion Giving: States his belief pertinently to a suggestion made. The emphasis is on his proposal of what should become the group's views, not primarily upon relevant facts or information.

6. Elaborating: Spells out suggestions in terms of examples or developed meanings, offers a rationale for suggestions and tries to deduce how an idea, if adopted by the group, would work out, interpreting ideas or suggestions, indicating alternatives and issues before the group.

7. Clarifying: Shows or clarifies the relations among various ideas and suggestions, tries to pull ideas together or to coordinate various members of the sub-groups, clearing up confusions, defining terms.

8. Orienting: Defines the position of the group with respect to its goal by summarizing what has occurred, raises questions about the direction which group discussion is taking.

9. Evaluating: Tries to assess progress toward the goal; questions the practicality, logic, facts, or the procedure of current or suggested operating policies.

10. Acting as Procedural Technician: Expedites group movement by doing things for the group; performing routine tasks, etc.

11. Recording: Writes down suggestions, makes record of group decisions and products of discussion. The recorder role is the group "memory".

12. Standard Setting: Expresses standards of group to attempt to achieve in its functioning or applies standards in evaluating group process.

13. Summarizing: Pulling together related ideas; restating suggestions after the group has discussed them; offering a decision or conclusion for the group to accept or reject...

14. Consensus Testing: Asking to see if group is nearing a decision; sending up a trial balloon to test a possible conclusion...

Maintenance Functions

Types of behavior relevant to the group's remaining in good working order, having a good climate for task work, and good relationships which permit maximum use of member resources, i.e., group maintenance:

1. Encouraging: Praises, agrees, and accepts the contributions of others. He indicates warmth and solidarity toward group members.

2. Harmonizing: Mediates the differences between other members, attempts reconcile disagreements and relieve tension in conflicts.

3. Compromising: Operates from within a conflict in which his idea or position is involved. He may offer compromise by yielding status, admitting his error, disciplining himself to maintain harmony.

4. Gate Keeping and Expediting: Attempts to keep communications channels open by encouraging the participation of others.

5. Group Observing and Commentating: Keeps records of various aspects of the group process and feeds such data into the group's evaluations of its own procedures.

6. Following: Goes along with the movement of the group, more or less passively accepting the ideas of others, acts as audience.

7. Tension-Reduction: Plays at the appropriate time, jokes, calls for coffee break.

8. Diagnosing, Standard Setting and Standard Testing: (Most relevant when relationships have to some degree broken down) looking at process, checking out how people are feeling about the group, its norms, and its method of operating, permitting airing of problems and conflicts.

Individually-Oriented Functions

Types of behavior meeting some personal need or goal without regard to the group's problems:

1. Aggressing: Deflates the status of others, disapproves values, attacks the group problem, jokes aggressively.

2. Blocking: Tends to be negativistic and stubbornly resistant, disagreeing and opposing beyond reason; attempts to bring back issue after group has rejected it.

3. Recognition-Seeking: Works in various ways to call attention to himself by boasting, calling on personal achievements, struggling to prevent his being placed in an inferior position.

4. Self-Confessing: Uses the audience opportunity which the group setting provides to express personal, non-group oriented "feeling", "insight", etc.

5. Acting as a Playboy: Makes a display of his lack of ability and involvement in the group processes. This may take the form of cynicism, nonchalance, horseplay, and other "out of the field" behavior.

6. Dominating: Tries to assert authority in manipulating the group or certain members. This may take the form of flattery, or asserting a superior right to attention, etc.

7. Special Interest Pleading: Speaks for the small business man, the grass roots community, labor, etc., cloaking his own prejudices or biases in the stereotype which best fits his personal need.

8. Help Seeking: Attempts to call forth sympathy responses from group or certain members, through expression of insecurity or personal confusion, etc.

9. Dependency-Counterdependency: Leaning on or resisting anyone in the group who represents authority, especially the trainer, facilitator, or chairperson.

10. Fighting and Controlling: Asserting personal dominance, attempting to get one's own way regardless of others.

11. Withdrawing: Trying to remove the sources of uncomfortable feelings by psychologically leaving the group.

12. Pairing up: Seeking out one or two supporters and forming a kind of emotional subgroup in which the members protect and support each other.

Section III: Collaborative Activities of the Local CARE Committee

The actual intervention in this CARE Linkages Project began in October and November 1983 when the eight local CARE Committees were convened for the first time. District coordinators formally contacted potential members from the suggested list developed at the inservice meetings. The district coordinators set the time and place of and also led the first meeting. The agenda of all of the first meetings was very similar to the one developed during inservice training. Among other items it consisted of introductions, a presentation by the state linkages coordinator on the nature of the CARE Linkages Project, a summarized presentation for each county of its own results from the needs assessment question contained in the survey of preschool program directors. This served as an excellent starting point for the committeee members to begin discussing and identifying needed collaborative efforts. District coordinators encouraged the committees to elect their own chairperson. In conjunction with electing a chairperson, each committee was urged to henceforth plan its own activities and meeting schedule in order to address its own selected needs. The roles of the local CARE Committees and of the district coordinators were also discussed at the first meeting.

As determined by project staff, the role of the local CARE Committees was to:

1) mutually agree upon some key issues that adversely affected the provision of needed health, education, and social services to local preschool program children;
2) utilize a collaborative process in attempting to address the issue(s);
3) mutually carry out activities which would address the selected issue(s);
4) identify and communicate state travel barriers to locally desired collaborative efforts.

The district coordinators carried out a multitude of essential roles throughout the implementation phase of this project. They were the critical people in regard to the CARE Linkages model. Each district coordinator kept a log of all of the activities they engeged in relating to the project. These activities can be categorized under five major roles--research assistant, organizer, secretary, facilitator, and staff or resource person.

The district coordinators engaged in the following activities as a research assistant:

1) conducted pretest interviews in treatment and control counties;
2) attended meetings of the Core CARE Committee, gave reports on local committee activities, and relayed information back to the local committee;
3) conducted an evaluation of the project with committee members;
4) conducted post-test interviews in treatment and control counties;
5) recorded or filed all required data in the project notebook and submitted this to the central office at the close of the project.

The district coordinators engaged in the following activities as an organizer:

1) selected persons in the treatment county, particularly the service providers, to serve on the committee;
2) recruited committee members by phone or by visit;
3) convened and chaired at least the first meeting, until the chairperson

was elected;
4) during the year, recruited new members in order to broaden representation.

The district coordinators performed the following clerical tasks:

1) arranged meeting place(s);
2) took minutes at meetings (with committees which did not have a secretary);
3) prepared and distributed minutes;
4) prepared and distributed meeting notices and agendas;
5) kept mailing list of members current;
6) made reminder phone calls prior to meetings.

The district coordinators acted as a facilitator in the following tasks:

1) recruited nominees for chairperson;
2) served as a resource person during the meetings;
3) worked behind the scene to clarify tasks, to provide encouragement, and to mediate where there were differences of opinion;
4) during meetings, kept group "on task";
5) served as liaison in working out shared arrangements (i.e., sharing inservice or sharing parent training).

The district coordinators served as a staff person to the committee, performing the following functions:

1) prepared and duplicated materials for committee meetings--questionnaires, forms, charts, etc.;
2) prepared and mailed any committee correspondence;
3) prepared and districtued news releases regarding the committee and/or its activities;
4) contacted and invited guest speakers for meetings;
5) met regularly with chairperson for planning (seven of the eight committees);
6) wrote articles about the committee for local, regional, or statewide publications;
7) prepared publicity material for committee projects (such as iliers and posters);
8) solicited community donations for committee projects;
9) spoke to community groups about the CARE Committee;
10) assumed responsibilities for committee projects as a committee member.

Activities of the Local CARE Committees

Eight Local CARE Committees were created by district coordinators during October and November 1983. The committees met officially as part of the CARE Linkages Project through June 1984. During the period these committees averaged seven meetings, a rate of almost one per month. Committees in three counties held a total of eight meetings; and the remaining county held six meetings. The average meeting length was 1½ hours with a range from 1 hour to 2½ hours.

The actual composition varied for each committee. All the committees had preschool program directors involved, although in the two urban counties, eleven of the programs surveyed did not participate in the committee in that county. The actual number of programs involved in the committee varied with larger numbers being on the urban committees. The involvement of the Head Start directors also varied from county to county. Most of the Head Start directors attended one or more meetings and were found to be very supportive. Preschool program directors serving special populations such as developmental disabilities and mental retardation were the most active participants on the committees.

Participation of the representatives from the various state agencies was good, especially the Healthy Children Coordinators from the Department of Health and Environment.

Representatives from community mental health centers were active on six of the committees. One rural county did not have a representative because they only received mental health services from a regional office staff person twice a month. One of the urban counties had a representative who attended one meeting, but was not interested in participating in the focused activity during the first six months.

Only one of the committees succeeded in getting pediatricians or private medical providers to participate. In fact, two pediatricians and a dentist participated! One of the two pediatricians involved was very active on the committee and was able to involve the local Dental Association in responding to a committee identified need for dental services.

In the initial meeting of each committee, the district coordinator functioned as the leader of the committee, spending much of the time explaining the project and the role of the committee and assisting the group in assessing needs in the county. With encouragement from the coordinators, most of the committees soon elected their own chairperson. One committee chairperson had been appointed by the coordinator prior to the first meeting; one committee elected a chairperson at its first meeting; four committees elected chairpersons at their second meeting; and one committee appointed a chairperson at its third meeting. In the remaining committee, the coordinator served as chairperson for seven meetings. At the eighth meeting, which occurred after the termination of field implementation, the committee elected a chairperson.

Although the data is subjective, results from the Committee Meeting Climate Survey which were completed by district coordinators after each committee meeting, substantial shifts in leadership occurred in most of these committees over time. Coordinators of five of the committees indicated that they perceived the locus of leadership to move gradually from themselves to the chairperson until finally coordinators felt as "one of the group". Committees in two counties were rated as remaining "partially dependent" on the coordinator. The eighth committee remained "totally dependent" on the coordinator for leadership.

Looking at the number of persons who participated and generated ideas and who were very agreeable to working together, three committees moved in a consistently more positive direction while three others began and remained very positive with high levels of participation and agreement. The eighth committee began and remained fairly guarded with only an average number of persons participating in the meetings.

Details of the collaborative process and activities of each of the eight Local CARE Committees follows.

Bedford County

The Bedford County CARE Committee met a total of seven times. Using the needs assessment from the pretest interviews and applying the nominal group techniques, the group identified two needed services--coordination of inservice training and parenting workshops. In the second meeting, the committee divided into two small groups to discuss each priority. As a result of exploring these two areas, the total group decided to conduct a parenting workshop in the spring. They also chose to pool information and develop a resource directory of children's services in the county.

The remaining meetings of the committee focused on planning for the parenting workshop. All participants were genuinely interested in the project and meeting attendance and participation remained high throughout the winter and spring. As planning evolved, arrangements were made for two workshops for parents--one on parenting young children and one on nutrition--plus a program of entertainment for children.

Prior to holding the April workshop, the group sponsored a pancake supper with McDonald's in order to raise money for workshop packets. Each committee sold at least 25 $1 tickets. Much effort was placed on advertising the workshop--grocery sacks were picked up from grocery stores, printed with ads and returned to stores for bagging grocery purchases; letters went home through school-age children; announcements were made by radio and newspaper; posters were made by a fourth grade class motivated by a poster contest; fliers were sent to businesses, doctors, ministers and day care centers.

The workshop was a tremendous success with approximately 150 parents attending. Three student clubs served as hostesses and baby sitters and two local clubs donated refreshments. The completed directory of children's services was distributed to workshop participants.

At the June meeting, the committee spent considerable time evaluating the workshop and the entire project. The group was enthusiastic about continuing its existence and will re-convene in the fall after a summer break. The committee may sponsor a second workshop (on child abuse awareness) and voiced interest in getting involved with legislative issues. They also decided to explore the possibility of conducting a community Child Find Project in the fall.

Bradley County

The Bradley County CARE Committee, consisting of approximately 15 members, met a total of eight times during the intervention year. The service provider representatives were very active and showed as much interest in the project as the preschool providers. During the first three meetings, participants discussed priority areas of possible collaboration as revealed by the needs assessment data. In the second and third meeting, the committee selected two

projects: 1) to learn how to influence policy makers by holding an advocacy training workshop for committee members and early childhood people in the community, and 2) to conduct a Child Find project. In the fourth meeting, the committees selected two additional goals: 3) to secure needed indigent dental services, and 4) to sponsor needed parenting classes.

Subcommittees were formed to work on each project. Meeting time was used to hear subcommittee reports and to plan as a total group. The committee was quite successful in accomplishing goals by systematically tackling them one at a time. The first event to occur was the advocacy workshop held on March 1, for approximately 20 persons. As a direct result, many committee members began to work actively for the school breakfast program bill in the legislature at that time. The committee also wrote letters to the Regional Health Department requesting that the dental van be scheduled to serve Bradley County low income clients.

A survey of existing parenting classes revealed that available classes were too costly or too categorically restricted for use by many parents. The committee worked out arrangements for suitable parenting classes to be offered by the mental health center during six weeks of the summer. The committee also arranged baby sitting and transportation services for parents who enrolled. This project was completed after the linkages intervention was officially terminated.

In June, the committee pursued their interest in services to handicapped children and arranged for a resource person to speak to them about mandated and actual services for handicapped children. This may well be the beginning of a "Child Find" project for future months. The committee has been so successful that members have chosen to continue functioning despite the termination of the research project.

Cumberland County

The Cumberland CARE Committee met seven times during the implementation period. This is a small county with a committee of approximately eight active members.

During the first and second meetings, the committee identified seven goals based on the needs assessment data for the county and group discussion: 1) shared inservice training; 2) updating an existing service directory; 3) organizing parenting classes/discussion groups; 4) licensure issues--revising center standards; 5) coordinating student exchanges/joint field trips; 6) establishing a transportation task force to identify problems and to make recommendations; and 7) improving awareness of children's services and needs through media coverage.

This committee was unique among the eight in that it did not choose to concentrate on one or two goals, but retained all seven goals as objectives and attempted to work on all. Because the committee was small, one to three person volunteered or were volunteered to work on each goal. Because most of the goals were the responsibility of small subcommittees, most work on goals occurred between meetings and meetings were used for reporting small group progress to the whole committee.

The Cumberland County Committee had varying degrees of success in accomplishing its many goals. The committee did sponsor two well-attended, shared

inservice training events--one on child abuse and one on music. More are planned for next fall. Information was collected for a revised services directory. At the close of the implementation year, the directory was being typed. A joint field trip (a picnic) of children from three preschools did take place. Barriers regarding programs sharing transportation were identified and were submitted to the Core CARE Committee.

The impact on individual members of the activities undertaken varied. Some devoted time, effort, and resources in implementing projects; others who were either unwilling or unable to commit themselves to participation in particular projects chose to remain inactive. The latter members sometimes continued to attend meetings and to indicate interest in being a part of the group and sometimes dropped off the committee altogether. Of course, some activities of the committee did not meet the needs or elicit the interest of all members. The committee intends to resume meetings in the fall after a summer break. Because the membership of the group is fluid, some members may become active with the initiation of subsequent projects from which they or their constituents may benefit.

Davidson County

The Davidson County CARE Committee, located in an urban setting, held seven meetings between December and June of the official implementation year. The committee initially selected three activities for collaboration: coordination of health assessments; referral programs for placement of children in day care centers; and, sharing resources.

Following the second meeting, the committee activities and membership changed significantly. The collaboration activities were changed to 1) bulk purchasing of food and supplies, 2) sharing staff inservice, and 3) parent training activities. At the same time, the size of the committee decreased from 17 to 10 with only five to eight persons attending on a regular basis. There are two apparent reasons for the abrupt change. Historically, there had been two attempts to organize day care centers to participate in collaborative activities. Both attempts had been unsuccessful and some providers felt this project would be one more failure. Also, because the activities selected were strictly of benefit to day care providers, service providers from human services, public health, mental health felt there was little they could offer or receive from the collaborative effort. Those who remained active were those directors who were really interested in bulk purchasing of food and supplies.

The role of the coordinator was that of an initiator and the leader throughout the project year. Continuing to work with a small number of providers to plan and implement the bulk purchasing project proved to be profitable. After the fifth meeting, new interest developed among providers who were previously inactive. The number of providers interested in bulk purchasing increased to 17. In July 1984, a chairperson was finally selected.

The success of the committee came after the implementation period officially ended. The coordinator and chairperson are currently negotiating bulk purchasing contracts with area vendors who are responding enthusiastically to the idea of a group contract. The committee has decided to remain in existence, to finish their project, and to become a committe of the Mid-Cumberland Children's Services Council.

Greene County

The Greene County Committee, although based in a rural area, had fifteen active members including two pediatricians, one nutritionist, a dentist, and professors from two local colleges. The committee met seven times during the project year. By the end of the second meeting, the group had selected three activities it wished to pursue: 1) more dental services for low income clients, 2) industry-related child care, and 3) identifiecation of children with special needs. Subcommittees were established to work on activities.

The first successful activity was in the area of dental services. Local dentists were surveyed to determine their willingness to provide free or low-cost services. The dental project successfully involved the local Dental Association in this effort. With their cooperation, a list of five dentists who accept Medicaid or who are willing to accept indigent patients is being circulated to all committee members and to all day care centers in the county.

The subcommittee on the identification of high-risk children developed forms for screening and identification purposes. These forms will be used in an on-going identification project to begin in September 1984. The entire CARE Committee has worked to promote industry-supported child care in the area. This project is still a current endeavor.

This has been a very active committee with good visibility in the community. The activities selected by the committee have had a very positive effect on the members. As a result of working together, many have shared and received services: (1) one program received dental screenings from the health department; (2) directors of private day care centers are attending Head Start inservice training; (3) one private program provided screenings for Head Start children; (4) a child abuse council was formed and is planning a forum on child abuse for the community; (5) the committee has been asked to serve as an advisory board for a local program; and, (6) Head Start has offered educational and audio-visual materials for use by the committee members. At its May meeting, the committee unanimously voted to continue to exist and will have bi-monthly meetings beginning in the fall.

Scott County

The Scott County CARE Committee, located in a rural, Appalachian county, convened eight times during the intervention year. Twenty persons belonged to the committee; approximately ten were active members. Based on the needs assessment data, the group, at the very first meeting, made the decision to develop a directory of preschool services in order to know area programs better and to more effectively refer and place children for services. Forms for collecting information were immediately prepared and completed by members of the committee.

The committee thoroughly explored the possibility of developing a high risk registry as a second project. Because of confidentiality barriers regarding access to information on birth certificates, the group decided at its third meeting to not develop a registry but to conduct a spring child find campaign. The group enthusiastically and ambitiously planned a series of six screenings to be held at different sites throughout the county. Subsequent meetings of the committee were devoted to planning the spring campaign. Specific tasks were identified (dates, location, personnel, target population, advertisement, enrollment, screening activities, financial assistance, outside resources) and members assigned to tasks. Some subcommittees held extra meetings in order to complete their

responsibilities.

The six screening events were held during the month of April. Community response to the screening was quite good. Door prizes certainly stimulated attendance; yet cultural barriers (the fierce independence of the local people) and transportation problems in this mountainous area certainly affected the turn-out. Out of 167 children screened, the most prevalent problem to be identified was dental needs. During the screenings, many immunizations were updated and 35 children were referred to the county school representative, primarily for speech and hearing problems.

At the May and June meetings, the committee arranged follow-up service procedures. The county schools will coordinate these services during the summer months. The committee also decided to meet quarterly next year and to explore the idea of conducting developmental screenings again next spring. The county services directory was completed by the coordinator and was distributed to CARE Committee members; however, lack of funds prevented the committee from disseminating the directory throughout the community.

Shelby County

The Shelby County CARE Committee, in an urban setting, was by far the largest committee, with an average meeting attendance of 20-25 members. The committee was convened later than the others due to a change in coordinators in the region, but it was able to meet six times during the intervention period. In the first two meetings, the committee studied the needs assessment data and generated a list of priority needs for collaboration. From the starting point, they then chose to pursue three goals: 1) to conduct two screening projects for pre-kindergarten children, 2) to conduct a public awareness campaign to inform parents of requirements for registering children in school, and 3) to work on establishing a computerized information and referral system for the county.

Subcommittees were formed to address each goal. The goal to work on a computerized I & R system was later deferred to the Children's Services Council and the entire committee worked on the screenings and the public awareness campaign. The screenings, one at Charjean Elementary School and the others at several locations, were major successes. The first screening involved 15 different agencies/volunteer groups with donations from 12 different businesses. The second screening coordinated efforts of 32 agencies with more than 100 volunteers. The public awareness campaign was in its initial stages at the close of the intervention year. A local industry had donated $150 to the CARE Committee to print posters for the campaign.

The two screening projects had a major impact on the communities. Following these events, the committee received numerous requests from parent groups, neighborhood associations and private schools to hold additional screenings. Many agencies have voiced support for expanded early identification efforts. A second by-product of the screening events was that committee members learned that they had many mutual concerns. What resulted was collaboration on other projects apart from the CARE Committee, e.g., teen parenting centers, sharing of agency resources and even the merging of two agencies.

The coordinator describes this committee as an enthusiastic group of self-motivators and hard workers who see no end to what they can accomplish in the future. This committee will definitely continue to exist and to proceed with planned projects.

Weakley County

The Weakley County CARE Committee, of approximately 13 members, met eight times between October and June to brainstorm areas of possible collaboration and to plan specific projects. When the committee met in October, some members had never met one another; a few knew each other reasonably well; and, some had already collaborated with each other on specific projects of mutual interest. Using the needs assessment which resulted from the initial TCSC phone surveys, members systematically worked through the list of potential areas of collaboration to determine which ones would be practical to explore. Early meetings centered on child find, inservice training, confidentiality, and better coordination of services.

Members who had not been referring special needs children to the local school system agreed to do so; time was set aside at each meeting for announcements of upcoming training events; an oath of confidentiality was developed in case the committee wished to discuss the needs of individual children; and much individualized discussion was occurring between members before and after meetings. As the group worked through the list of possible collaborative areas, they sensed the need to carry out a specific project. Consensus was easily obtained at the third committee meeting that the largest unmet need in the county was for a county-wide, multi-disciplinary developmental screening of all preschool children. Since the county school system's director of special education and preschool programs was elected chairman at this meeting, he was in a position to provide the kind of leadership necessary to successfully carry out such a project.

The remaining meetings of the committee focused on planning efforts to carry out the developmental screening fair. This project was one every committee members could "buy" into because of mutual need and interest. Even though some of the agencies represented on the CARE Committee were already screening their own enrollees, this interagency, milti-disciplinary effort would result in reaching more children and accomplishing a much more comprehensive screening. Because the project caught the interest of everyone, all committee members participated in discussions, and before the planning was completed, all members had contributed ideas and suggestions.

Their efforts culminated in the Weakley County Preschool Screening Fair held May 12, 1984, at the University of Tennessee at Martin Fieldhouse. Over 160 preschoolers were screened from 10 AM to 3 PM for vision, dental, speech, hearing, developmental milestones, and health. Volunteers were plentiful--students from several university departments, 4-H'ers, scout troups, sheriff's department, and city police, health practitioners, and businesses. Much beneficial public awareness and information was disseminated the day of the fair through information booths and, prior to the fair, through media announcements. Every committee member who had been attending meetings was personally present at the fair and participating.

At the June meeting, members agreed that the year had been beneficial enough for the committee to continue even though the research project will be ending in September. The TCSC Field Coordinator will be one of the members although she will continue to distribute announcement memos, minutes and other communications. The committee has elected a recording secretary and will elect a new chairman in January 1985. Meetings will not be monthly during the summer and fall, but members anticipate meeting at least bi-monthly prior to the screening fair which they intend to sponsor again in the Spring of 1985.

Discussion of Documented Results

The documented results of this project indicate that a great many collaborative activities occurred. The establishment of the CARE Committees increased the opportunity for preschool children to get the health, mental health, education, and social services. While it cannot be confirmed through information collected by this project, it is highly unlikely that a comparable amount and degree of collaborative efforts occurred during the same time frame within the comparison counties. In fact, one of the truly impressive overall results of this project was that the local CARE Committees could organize, make decisions and carry out as much collaborative activity as they did in such a short time. Based on the documented results, it appears that an interagency committee model, similar to the one developed in this project, can be highly effective in stimulating collaborative preschool efforts and linkages.

Several key factors stand out as contributors to the overall success of the Local CARE Committees. The needs assessment information, gathered from the telephone survey and presented at the first meeting of the CARE Committees seemed to provide the committees with a tremendous running start. Committee members did not have to identify issues, get bogged down in personal interests, or debate importance of needs. Instead, the needs assessment provided data on several needs for which there already was apparent consensus. For the most part, committees simply selected one of these needs and began planning ways to respond.

A second important factor was the independence of the CARE Committees. Their choice of activities and time schedules was their own. The local committees did not follow and, in fact, were not issued any dictates from the Core CARE Committee. This independence led to a wide variety of activities. Such variety made it more difficult to portray a single statewide impact of the project, but this was a price worth paying since it increased committee ownership and commitment.

Independence and commitment were also fostered through election of chairpersons. This is not to say that district coordinators did not play a vital role. In fact, the many functions performed by the coordinators often served as the "grease" which kept the committees moving. Having a person to carry through on committee details was recognized by many committees to be an essential ingredient that was missing in previous attempts to collaborate. Even though their role was vital, coordinators did not want committees to become dependent on them. Electing a chairperson reduced this dependence. The fact that all of the committees have decided to continue to meet beyond the duration of this project is both an indication of their independence as well as a testimony to their own feelings of success.

This sense of accomplishment was an extremely important factor that kept alive the enthusiasm and motivation of the committee members. This more than any other factor explains the committees' desire to continue meeting.

In the one county where a chairperson was not elected until the end of the project period, many of the committee members had expreienced several recent failures at getting preschool programs to collaborate. This appeared to be a major factor in delaying their collaborative process. Committee members began with little confidence that this effort would work either. They had to develop a sense of trust in the district coordinator as well as in each other before they seemed willing to invest their time and energy. The fact that in the end even this committee elected a chairperson and decided to continue is indication that if implemented well, over time, the CARE Linkages model can stimulate the sense of confidence and trust needed in collaborative efforts.

Another observation of the project was that the committees that functioned best selected one or two projects in which the entire committee had a vested interest and where each committee member was involved in some way in carrying out the project. In the few committees where this was not the case, not as much was accomplished, attendance at meetings fluctuated considerably, and the group was much less cohesive.

As already mentioned, the district coordinators carried out many key functions in support of these committees. Prior to establishing any committee, they were familiarized with factors which are known to enhance or impede collaboration. Throughout, the project coordinators reinforced the positive factors and helped committees steer away from the pitfalls to collaboration. Coordinators provided a great deal of support to the committee chairperson and, particularly in the early stages, provided encouragement and leadership which kept the committees motivated and confident that they could address some serious needs. In terms of support, coordinators scheduled meetings, mailed correspondence, took minutes, and publicized committee activities in local and statewide news media. The value to committee success of having someone carry out these seemingly minor functions should not be overlooked.

Another lesser factor that contributed to the success of the Local CARE Committees was the fact that the Core CARE Committee existed. Many committee members were pleased and apparently more willing to participate because a state-level committee existed which they felt could address some of the policy and regulation problems which inhibit collaboration and linkages. In reality, there were not that many barriers identified by the local committees which were referred to the Core CARE Committee. Nor did the state-level committee actively seek to identify and deal with barriers which the local committees did not identify. Communication regarding barriers was increasing toward the end of the project. Perhaps with more time, this anticipated relationship between the state and local committees would have been more fruitful. However, even though Core Committee members wished that more local barriers had been identified for them to deal with, and local committee members expressed some disappointment over the lack of dramatic changes at the state level, members of both level committees still felt that having both state and local committees was an important ingredient to successful collaboration.

In conclusion, it appears that the CARE Linkages model, consisting of state and local-level committees, can quickly stimulate significant collaborative efforts to address long-time community problems in addressing health, education, and social service needs of preschool children. It is also apparent from this project that a variety of factors will impact on the success of collaborative efforts regardless of the geographic or population characteristics of the community.